



City of Manchester NEW HAMPSHIRE
HEALTH INSURANCE OPT-OUT INCENTIVE PROGRAM
Plan Year 7/1/2021 – 6/30/2022

Requirements and Eligibility

The Health Insurance Opt-out Incentive Program offers a cash incentive to eligible City of Manchester employees who waive their right to enroll in the City's health insurance plan.

Eligibility to receive the stipend is contingent upon the following:

1. Employees must provide proof of health coverage from another **employer sponsored health plan** that is **NOT** provided by another City employee or an employee of the Manchester School District.
2. Proof of insurance must include the employers name and show that coverage is current.
 - a. Copy of ID cards are not accepted, with the exception of:
 - i. Medicare or Tri-Care ID cards
3. New eligible employees may apply for this program within the first 31 days of their date of hire.
4. Current eligible employees can apply during the open enrollment period or during the plan year if health insurance coverage with the City of Manchester is canceled.
5. Incentives are paid out in two increments, January and July. If the employee participates in the Opt-out Incentive Program for less than a full year, the payment will be prorated for each month of participation.
6. Annual submission of the Opt Out Enrollment form and valid **proof of alternative health insurance coverage are due no later than December 15th for the January installment and June 15th for the July installment.**
7. Employees must reapply for the health insurance Opt-out Incentive Program every plan year, and provide proof of alternative health insurance by the deadlines listed above.

In addition to a health insurance enrollment form, declining coverage, the following enrollment form must be signed and submitted to the Human Resources Department, along with evidence of alternate insurance:

- Within 31 days from Date of Hire
- At the time health insurance coverage is cancelled with the City of Manchester (due to a qualifying event)
- At Open Enrollment and no later than December 15th of that calendar year.



HEALTH INSURANCE OPT-OUT INCENTIVE ENROLLMENT FORM
Plan Year 7/1/2021 – 6/30/2022

I, _____, hereby elect to decline participation in the City sponsored health insurance plan.

My signature below acknowledges my understanding of the following:

- In exchange for opting out of the City's Health Insurance Plan, the City shall pay me up to four thousand (\$4,000.00) dollars per plan year.
- Payments will be made in two installments (once in January and once in July) for the previous six months of non-coverage.
- 1. Alternative coverage must be from another employer sponsored health plan and cannot be health insurance provided by another City employee or an employee of the Manchester School District.
- 2. If non-coverage is less than one year, the payment will be prorated in the amount of one twelfth of the annual allocation for each month of non-coverage within the plan year.
- 3. The payment of the Health Insurance Opt-out Incentive will be broken down into two pro-rated payments; one in January and one in July.
- 4. It is understood that the Opt-out incentive is considered ordinary income and therefore subject to Federal, State, Social Security, and Medicare taxes.
- 5. If you are on VA, Tri-care or Medicare, please write your name here:
- 6. If insurance holder is a spouse or parent. Please write their name here:
- 7. Please write spouse or parent's employer's name here:

Employee Signature:

Date: